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CONFIRMATION NO. 5133

Bib Data Sheet

SERIAL NUMBER 10/538,913	FILING OR 371(c) DATE 09/29/2005 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 5659
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**APPLICANTS**

Andrea Venturelli, Concesio, ITALY;

**\*\* CONTINUING DATA \*\*\*\*\***This application is a 371 of PCT/IT02/00813 12/19/2002 *M***\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NM TN***IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 02/02/2006

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	ITALY	25	57	2
Verified and Acknowledged	<i>Allowance</i> <i>Examiner's Signature</i>	<i>Initials</i>			

**ADDRESS**

26936

**TITLE**

Endoluminal prosthesis

<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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